

## **DECLARATION AND POWER OF ATTORNEY**

## Docket No. X-16438

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the invention entitled

USES OF MELANOCORTIN-4 RECEPTOR (MC4R) AGONIST PEPTIDES ADMINISTERED BY CONTINUOUS INFUSION

which is described and claimed in the specification which:

(check	is attached hereto.
one)	X was filed on as United States
	Application Serial No.
or	
	PCT International Application No. PCT/US2004/016623
	and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined 37 C.F.R. 1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional patent application(s) listed below.

(Application Number)	(Filing Date)	
60/557,347	29 Mar 2004	
60/570,676	13 May 2004	

Power of Attorney: As a named inventor, I hereby appoint the attorneys and/or agent(s) associated with customer number 25885 to prosecute this application and transact all business in the Patent and Trademark Office.

Send correspondence to the address associated with the customer number.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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or First Inventor

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